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CONFIRMATION NO. 2394

Bib Data Sheet

SERIAL NUMBER 10/662,246	FILING DATE 09/15/2003 RULE	CLASS 435	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. CRUS 101
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APPLICANTS

Suzanne Cruse, North Bend, WA;

** CONTINUING DATA ****

This appln claims benefit of 60/411,059 09/16/2002

OK

** FOREIGN APPLICATIONS ****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/17/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>	WA	DRAWING 1	CLAIMS 2	CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>			

ADDRESS

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TITLE

Kit and method for migraine headache treatment

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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